

Work Order ID 90617

90617

Page 1

September-20-12 12:48:26 PM

Item ID: D350-616-011

Accept

N9000040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Emergency Litter

Start Date: 9/20/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-09-21 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
d350-616	E								
100		0.00							
100									
DC		0.00							
Document Control	Memo								
	Photocopy bluefile and create labels per PPP D350-616-011								
	CHG004								
110	Pick Kit	0.00							
110									
Packaging		0.00							
Packaging	Memo								
120	QC4- 100% Inspect kits for completeness	0.00							
120									
QC		0.00							
Quality Control	Memo								

1 10/6/12 MLJ 13-2-8

13/2/11 13/3/2/8 (1)

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermcforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 90617

90617

Page 2

September-20-12 12:48:26 PM

Item ID: D350-616-011

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Emergency Litter

Start Date: 9/20/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

0.00

130

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-616-011

Location: 16 023
PPP Rev: 8

DAS
06
89

13/2/12 sf

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/2/13

ML5 13-02-12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

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Picklist Print

September-20-12 12:48:25 PM

Page 1

Work Order ID: 90617

Parent Item: D350-616-011

Parent Item Name: Emergency Litter

Start Date: 9/20/12

Required Date: 10/12/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP E03.04.04ReformatKJ/RF
IPP Rev:F 08-12-10 rev.E as per dwg DD verified by:ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2370 Litter Assembly		Manufactured	No				Each	0.0000		1	90622		
D2493 Patient Stop Assembly		Manufactured	No				Each	1.0000		1	94803		
				<u>Location</u>		<u>Loc Qty</u>			<u>Loc Code</u>				
				ST221		1							
				83810		1							
D350-616-013 Deck Plate and Tie Down		Manufactured	No				Each	0.0000		1	95978		

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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REFERENCE ONLY

Smb

Qty - 011	Qty - 013	Qty - 015	Part Number	Description
X			D350-616-011	Full Litter Kit
1	X		D350-616-013	Deck Plate and Tie Down Kit
	1	X	D350-616-015	Deck Plate Kit
		1	D2344	DECK PLATE (AFT)
		4	D2348	WEAR PLATE (KEY WAY)
		1	D2353	STIFFENER
	1		D2360	LITTER TIE DOWN (LOCKING)
		1	D2364	DECK PLATE (FWD)
		2	D2365	WEAR PLATE (PIP PIN)
		1	D2369-1	LOCATOR PLATE
		1	D2369-3	LOCATOR PLATE
			D2370	LITTER ASSEMBLY
			D2493	PATIENT STOP
	1		D3179-041	LITTER TIE DOWN (NON-LOCKING)
		1	D3494-1	STUB COVER
		25	MS20426AD4-5	RIVET
		25	MS20426AD4-6	RIVET
		6	MS20426AD5-7	RIVET
		6	MS20426AD5-8	RIVET
		15	MS20601AD4W2	BLIND RIVET (or CR9162-4-2)
		30	MS20601AD4W3	BLIND RIVET (or CR9162-4-3)
		6	MS21042L3	NUT (or MS21042-3)
		6	MS24693-C273	SCREW (or MS24693-273)
		22	MS24693-C48	SCREW (or MS24693-48)
		4	MS35207-264	SCREW
		10	NAS1149D0363J	WASHER (or AN960JD10)

RELEASED
08/11/21

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-O-01

APPROVED

BY: D. SHEPHERD (DE # 02)

DATE: 08.11.07
CERT. NO.: SH96-10
ISSUE NO.: 2

E	MAKE DSI 9310 STANDARD; D3179-041 REPLACES D2350	RF	08.11.07
D	ADD D3494-1 STUB COVER	MB	06.01.19
C	ADD DSI 9112/9117/9130/9236/9310	MB	06.01.10
B	ADD VIEW OF D2493 TO SHEET 9	BW	96.01.09
A	NEW ISSUE	BW	95.02.20
REV.	DESCRIPTION	BY	DATE
DESIGN	BW	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	DS	DRAWING NO.	REV. E
MFG. APPR.	N/A	D350-616	SHEET 1 OF 12
APPROVED	DS	TITLE	SCALE
DE APPR.		AS350/355 LITTER KIT INSTALLATION	NTS
DATE	08.11.07	COPYRIGHT © 1995 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	